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**FACSIMILE TRANSMITTAL FORM**

Group Art Unit 3731  
TO: Examiner Pavitra Kotini

DATE: July 18, 2007

COMPANY: United States Patent and Trademark Office

FACSIMILE NO.: 571-273-8300

FROM: Richard J. Godlewski

NO. OF PAGES 10  
(including this cover sheet).

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In Re Application of: **David Ernest Hartley**

Atty. Docket No.: **PA-5351-RFB**

Customer No.: **9896**

Serial No.: **10/726,963**

Group Art Unit: **3731**

Filed: **December 3, 2003**

Examiner: **Pavitra Kotini**

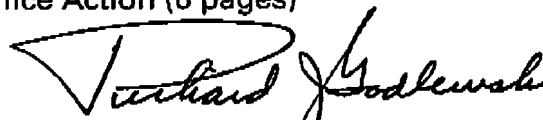
Title: **METHOD AND DEVICE FOR TREATING AORTIC DISSECTION**

Please enter and make of record the enclosed amendment to application Serial No. 10/726,963. The following documents are enclosed with this transmission:

Transmittal letter (2 pages)

Request for Continued Examination (RCE) Transmittal (1 page)

Amendment and Response to Office Action (6 pages)



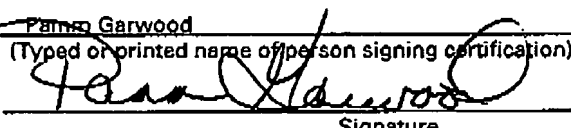
Richard J. Godlewski  
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812-330-1824

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Serial No. 10/726,963

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CERTIFICATION OF FACSIMILE TRANSMISSION	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being facsimile transmitted to the Patent and Trademark Office on the date shown below.	
<u>July 18, 2007</u> Date	<u>Pamela Garwood</u> (Typed or printed name of person signing certification)  Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of: David Ernest Hartley

Atty. Docket No.: PA-5351-RFB

Customer No.: 9896

Serial No.: 10/726,963

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Title: METHOD AND DEVICE FOR TREATING AORTIC DISSECTION

MAIL STOP RCE  
COMMISSIONER FOR PATENTS  
ALEXANDRIA, VA 22313

**TRANSMITTAL OF REQUEST FOR CONTINUED EXAMINATION (RCE)  
AND AMENDMENT AND RESPONSE TO OFFICE ACTION**

SIR:

Please make of record the following papers relating to the above-identified application:

Request for Continued Examination (RCE) Transmittal (1 page)  
Amendment and Response to Office Action (6 pages)

**FEE FOR CLAIMS**

	Claims Remaining After Amendment	Highest Number Previously Paid For	No. Extra	Rate	Calculations
Total No. of Claims	21	20	1	x \$ 50 =	\$ 50.00
Independent Claims	4	4	0	x \$200 =	\$ 0.00
Multiple Dependent Claim(s), if applicable				+ \$360 =	N/A
TOTAL FEE:					\$ 50.00

JUL 18 2007

PAGE 4/10 \* RCVD AT 7/18/2007 7:43:36 AM [Eastern Daylight Time] \* SVR:USPTO-EFAXF-3/19 \* DNIS:2738300 \* CSID:8123309049 \* DURATION (mm:ss):03-12

Serial No. 10/726,963

PATENT

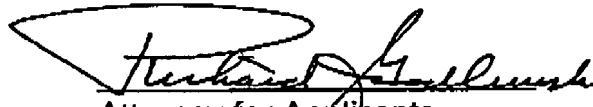
The Commissioner is authorized to charge our Deposit Account No. 13-2528 in the amount \$790.00 for the RCE fee, and \$50.00 for the additional claim fee. In the event of improper payment of a required fee, the Commissioner is authorized to charge or to credit Deposit Account No. 13-2528 as required to correct the error.

Please address all correspondence to:

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Respectfully,

Date: July 17, 2007

  
Attorney for Applicants  
Richard J. Godlewski  
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Customer Number

**9896**

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